

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Bona Fide</i>		03.20.01
OMPI CLASSIFIER			
FORMALITY REVIEW	✓D	521076	04/23/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected
 □ Allowed
 - (Through numeral) ... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Best Available Copy

Claim	Final	Original	Date
1			7/2/01
2			8/1/01
3			8/25/02
4			9/25/02
5			2/12/03
6			6/1/03
7			2/10/04
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17			✓
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If more than 150 claims or 10 actions
staple additional sheet here

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